



Customer Care Number - 044 6900 6900 / Corporate Customers - 044 43664666
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QUERY ON AUTHORIZATION FOR CASHLESS TREATMENT

TO,

Query Reply

DATE : 06-JUN-2023

HOSPITAL : I Clinix Advanced Eye Care - New Delhi
ADDRESS : 26 National Park Lajpat Nagar IV
NEW DELHI - 110024
Delhi

Dear Sirs,

We are in receipt of the Pre-authorization request from your hospital for cashless treatment of the insured-patient as per details given below:-

Name of Insured-Patient	: CHARU KATHURIA	Age / Sex	: 26years / Female
Product Name	: Star Health Assure Insurance Policy	Date of admission	: 09-JUN-2023
Policy Number	: P/161217/01/2023/015295	Room Category	: Day Care
Claim intimation No.	: CIR/2024/161217/0301290	Diagnosis	: REFRACTION ERROR
Policy Start Date	: 21-MAR-2023	Treatment Type	: Surgical
Policy End Date	: 20-MAR-2024		

We have scrutinized your request for cashless treatment of the insured-patient for the diagnosed disease of REFRACTION ERROR

kindly submit a letter from the treating doctor stating the exact duration of the present ailment. kindly submit first consultation papers, previous spectacles prescriptions

Please therefore send us the above documents / details immediately for our further action.

Thanking you,

** Query Reply **

Yours faithfully,

SH072347

06-JUN-2023 01:50 PM

Authorised Signatory.

Note: Please hand over a copy of this letter to the Insured-Patient.

Patient have a problem for refractive error from 3 to 4 months, patient come first time in our hospital, patient have no previous Consultation paper. kindly check and approved the care ASAP.



IRDA Regn.No.129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in



Mark of Excellence



iCLINIX
Advanced Eye Care
"Expert Care by AIIMS Alumni"
Centre for Retina & Lasers

E-mail : iclinix@gmail.com



Clinical Observer, Cleveland Clinic, USA

Honorary Visiting Consultant : Asan Eye Clinic, Dushanbe, Tajikistan

Senior Consultant Ophthalmology, Fortis C-DCC

Dr. Varun Gogia

MBBS (AIIMS), MD (AIIMS)

Senior Registrar (AIIMS)

Patient ID	16122	Visit Date/Time	29/May/2023 01:02 PM
Patient Name	Miss. Charu Kathuria	Age/Sex	26 Yrs / F
Patient Address	B 560 4 Floor Sec 49 Sainik Colony	Contact No.	9811995256
Category	General	Old MR No.	

Present Complaints

Lasik Opinion.

OPD Test & Examination

Test Name	Right Eye	Left Eye
CCT	555	557
Epithelial Thickness	48	48
Color Vision Test	Normal	Normal

Vision	Distance Vision		Near Vision		Method Name	IOP Time	Right Eye	Left Eye
	Right Eye	Left Eye	Right Eye	Left Eye				
With Glass	6/6	6/6	N6	N6	NCT	12:58	20	18
Best Correct	6/6	6/6	N6	N6				

Adv.Glasses	Right Eye						Left Eye					
	Sph	Cyl	Axis	Prism	V/A	N/V	Sph	Cyl	Axis	Prism	V/A	N/V
Distance	-8.00	-1.50	10		6/6	N6	-7.75	-0.50	145		6/6	N6

Diagnosis Comments/Clinical Impression :

BE refractive error

Doctor's Advice :

Plan BE Lasik SX

NEXT REVIEW : AS AND WHEN REQUIRED

Dr. Varun Gogia

Dr. Varun Gogia
MBBS(AIIMS), MD(AIIMS)
Director
DMC Reg:- R04624

Our Centers

27/171, Vikram Vihar,
Near Moolchand Metro Station,
Lajpat Nagar-IV, New Delhi-110024
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Mobile : 9289665675

New Delhi Address

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Near Moolchand Metro Station,
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Shakti Nagar Address :-

23/7, Block-23,
Shakti Nagar,
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Mobile : 9318433080

Panipat Address :-

Opposite Hyderabad
Hospital, Sanoli Rd,
Panipat, Haryana 132103,
Landmark : Sanjay Chowk
Mo.: 8595364670

Gurgaon Address :-

1325 (1st Floor),
Sector-45, Noble Eye Care,
Gurgaon-122002
Phone : 011-41610593,
Mobile : 9311528173